



**DEPARTMENT OF SOCIAL SERVICES**

**DIVISION OF MEDICAL SERVICES**

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June 24, 2013

**ATTENTION:           Chiropractic Providers**

**FROM:                Bonnie L. Bjork, Assistant Division Director, Medical Services**

**RE:                    Chiropractic Billing Requirements for Procedure Code 99211**

South Dakota Medicaid has revised the Administrative Rules of South Dakota (ARSD) relating to the billing requirements for chiropractic services in ARSD §67:16:09:05.

The change allows chiropractic providers to submit a claim for procedure code 99211 no more than once in any twelve month period. The previous version of the rule restricted chiropractic providers to billing procedure code 99211 no more than once every three years. The rule change stipulates that annual claims for the procedure code must show continued medical necessity and progress towards improvement of the condition, negating the possibility of maintenance therapy. The rule change allows for an additional claim for procedure code 99211 to be submitted within the twelve month period for a separate and distinct injury with supporting documentation of medical necessity.

The changes to the rule are effective June 24, 2013. Further information about billing requirements for chiropractic providers can be found in the Professional Services Manual, located on the department's [website](http://dss.sd.gov).

If you have further questions, please contact our office at the above address.